

Application Data Sheet**Application Information**

Application Number: To be assigned
Filing Date: Herewith-December 9, 2005
Application Type: Regular
Subject Matter: Utility
Suggested Classification:
Suggested Group Art Unit:
CD-ROM or CD-R?: None
Title: BONE MARROW ASPIRATION TROCAR
Attorney Docket Number: 377/9-2182
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure:
Total Drawing Sheets: 1
Small Entity: Yes
Petition included?: No
Secrecy Order in Parent Appl.? No

Applicant Information

Applicant Authority type: Inventor
Primary Citizenship Country: FRANCE
Status: Deceased Inventor

Given Name: Yvan
Family Name:: VERRA
City of Residence: Avignon
State or Province of Residence:
Country of Residence: France
Street of mailing address: 17bis, place du Palais des Papes
City of mailing address: Avignon
State or Province of mailing address:
Postal or Zip Code of mailing address: F-84000

Applicant Information

Applicant Authority type: Inventor
Primary Citizenship Country: FRANCE
Status: Full Capacity
Given Name: Borhane
Family Name:: SLAMA
City of Residence: Avignon
State or Province of Residence:
Country of Residence: France
Street of mailing address: 5, Place du 8 mai 1945, La Croix des Oiseaux
City of mailing address: Avignon
State or Province of mailing address:
Postal or Zip Code of mailing address: F-84000

Applicant Information

Applicant Authority type: Inventor
Primary Citizenship Country: FRANCE
Status: Full Capacity
Given Name: Hacene
Family Name: ZERAZHI
City of Residence: Barbentanc
State or Province of Residence:
Country of Residence: France
Street of mailing address: 13, rue Blangy sur Bresle
City of mailing address: Barbentanc
State or Province of mailing address:
Postal or Zip Code of mailing address: F-13570

Correspondence Information

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| Correspondence Customer Number: | 28147 | |
|---------------------------------|-------|--|

Phone number: (203) 366-3560
Fax Number: (203) 335-6779
E-Mail address: wjspatent@aol.com

Representative Information

| | | |
|---------------------------------|-------|--|
| Representative Customer Number: | 28156 | |
|---------------------------------|-------|--|